

Effectively Implementing Hospital Policy

Elaine Gross, RN, MS, CNS-C Carolyn Burr, EdD, RN

François-Xavier Bagnoud Center UMDNJ

Or



"Hospitals As Allies in Eliminating Perinatal HIV and HBV"



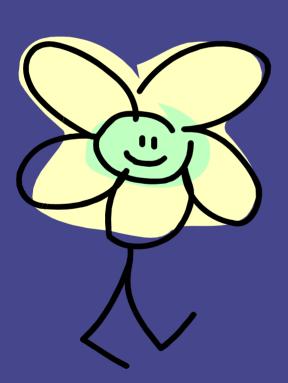


 To share strategies for working with hospitals around perinatal prevention of HIV and HBV

Perinatal HIV and HBV



Similarities



Differences





Background for perinatal HIV

- All women should be offered HIV screening as a routine part of prenatal care
- With ARV treatment and good obstetrical management, perinatal HIV transmission can be reduced to <1%
- RTLD as a safety net
- Antiretroviral prophylaxis during labor and delivery and for the infant can still reduce transmission from 25% to ~10%

Barriers to Universal HIV Testing in Prenatal Care



- Not all women are offered an HIV test or accept testing in prenatal care
- Perception of HIV risk providers and women
- Language barriers
- Women who present in L & D with no or inadequate PNC
- Another issue: Women who do not disclose their HIV+ status to OB staff

Steps along the way: Policy and projects



- CDC Recommendations for HIV Screening 2001, 2006
 - New Jersey Standard of Care, 2001
 - Nurse educator TOT/ OB CME dinners
- CDC, 2004, Rapid HIV Antibody Testing During Labor and Delivery for Women of Unknown HIV Status: A Practical Guide and Model Protocol
 - Web-based
- CDC/FXBC Strategic Planning Workshops for Hospitals on Rapid HIV Testing in Labor & Deliver

Goals of the Strategic Planning Workshops



- Provide current science/technology of rapid HIV tests and RTLD
- Offer skills development for hospital leaders
- Support hospitals with model policies, educational tools
- Facilitate development of a hospital action plan for RTLD

Assessing the need: Who to target first



- Identify hospitals serving high-prevalence, high "no prenatal care" populations
- Identify those hospitals without policies and procedures
- Work with MCH/perinatal systems and pediatric/family HIV programs
- Keep statewide stakeholders in the loop
- Use a simple needs assessment—phone or e-mail

Engaging hospitals in perinatal prevention: strategic planning workshops



- Invite the right people—leadership, decisionmakers
- Make the case with the science
- Use peers who have been successful
- Have hospital teams examine their own practice
- Provide materials that make it easy "enabling materials"
 - Model policies, forms, training materials

Strategic Planning Workshops



- Scientific basis for RTLD
 - CDC presentation
- Lessons from the field
 - Implementation stories
- Hospital team activities
 - SWOT analysis
 - Action plan
- Support materials
 - Model policies, script
 - Resources, references
- Skills building
- Connections to community resources



SWOT analysis

Helps organizations

- Identify positive forces within and outside the organization
- Recognize potential barriers to change in the hospital or community
- Consider these factors in planning for new initiatives
- Examine the big picture as well





Internal Strengths and Weaknesses within the organization

- Human resources
- Physical resources
- Financial resources
- Activities and processes
- Past experiences implementing new procedures





External Opportunities and Threats

- Future trends in the field or the culture
- Economy
- Funding sources
- Demographics
- Attitudes and beliefs in the community
- Legislation
- Local, national, or international events





Key Areas	Action Needed	Who?	When?	Outcome?	Evaluation
Decision					
RTLD Policy					
Test Availability					
Education					

Action Plan for RTLD



- Deciding to offer rapid testing
- Developing the hospital policy on rapid testing in labor and delivery
- Making rapid HIV testing available in labor
- Preparing to offer rapid testing in labor and delivery

Action Plan for RTLD



- What action needs to be taken?
- Who is responsible?
- What is the timeframe or target date?
- How will the outcome be communicated?
- What evaluation is needed and what will be done?



Developing a Model Policy

- Create a model hospital policy/procedure
- Identify hospitals with written policy/standing orders that will share
 - Identify key staff as resources/local experts
- Utilize HBV newborn vaccination or HIV RTLD as a QA or research project
- Develop training materials for nurses
 - Slide set and speaker notes

Follow-up and Technical Assistance



- Realistic timetables: the bigger the system, the longer it takes
- Staying available for T/A, training, follow-up
- Keeping connected
- Sharing the glory of successes



Follow-up evaluation - RTLD

- Semi-structure telephone interviews 6-9 months post workshop
- 69% (48/70) responded to follow-up
- 83% (40/48) had decided to offer RTLD
- 87.5% (35/40) had policies and procedures in place or in approval process
- 4% (2) offered expedited ELISA





- Hospital MCH and HIV communities may not know each other
- TA and provider education are key linkages to support RTLD
- Legislative mandates get hospitals' attention
- Providing TA to help with compliance forges a link between HIV educators and hospitals





- Strategic planning with multidisciplinary teams moves hospitals toward RTLD
- Key hospital leaders are essential- a champion
- Providing the science first lays the groundwork
- AIDS educators, public health and AIDS experts provide essential resources
- Strategic planning is a workable and replicable approach